



Residential Roofing

**Dwellings (1 & 2), Townhouse,
Detached Garage**

Permit Application

City of Maple Grove

Fax 763-494-6417 Phone 763-494-6060
12800 Arbor Lakes Pkwy, P.O. Box 1180
Maple Grove, MN 55311

Applicable Code: 2015 Minnesota Residential Code

For Office Use Only

Permit # _____

Permit Cost _____

Date Received _____

Job Site Address: _____

PROPERTY OWNER

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

CONTRACTOR

Company Name: _____

License #: _____ **Exp. Date:** _____ **Lead Certification#:** _____ **Exp. Date:** _____

Contact Person: _____ **Phone #:** _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Office Phone #:** _____

PERMIT TYPE – All fees listed include \$5 state surcharge

☐ **Tear off/reroof - 1 or 2 Family Dwelling Unit - \$105; TH - \$55/Dwelling Unit; Detached Garage - \$55**

☐ **Single Family - \$105/unit**

☐ **Town House - \$55/unit**

☐ **Two Family - \$105/unit**

☐ **Detached Garage - \$55**

☐ **Asphalt**

☐ **Wood Shingles**

☐ **Wood Shakes**

☐ **Roll Roofing**

☐ **Metal Shingles**

☐ **Metal Roof Panels**

☐ **Built-up or Modified Bitumen**

☐ **Membrane**

☐ **Other:** _____

Estimated Value of Work Performed \$ _____

I hereby apply for a building permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.

Signature _____ **Date** _____

**WE ACCEPT MASTERCARD, VISA, DISCOVER, and AMEX
FOR PERMIT FEES TOTALING LESS THAN \$1000**

This information will be destroyed after the permit has been processed.

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to you and to those people necessary to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

To Pay By Credit Card MasterCard Visa, Discover, or AMEX	Name as it appears on card: _____
	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	Expiration Date: ____/____/____
	Account Number: _____
	CVC # _____
	Signature: _____ Date: _____
	Billing Address: _____
City: _____ State: _____ Zip Code _____	

Notice: Faxed applications will not be processed within 24 hours of receipt and must have credit card payment info completed.